

PLAINTIFF/PETITIONER/MOVANT'S NAME

PRISON NUMBER

PLACE OF CONFINEMENT

ADDRESS

Bruce Thomas
Dependable Gardening
6742 Camino Del Prado
Carlsbad, CA 92011

United States District Court
Southern District of California

Dependable Gardening

Plaintiff/Petitioner/Movant

California Commission on Judicial
Performance

Defendant/Respondent

Civil No.

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

'08 CV 1608 JAH WMC
MOTION AND DECLARATION UNDER
PENALTY OF PERJURY IN SUPPORT
OF MOTION TO PROCEED IN FORMA
PAUPERIS

I,
declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without
prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this
proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No" go to question 2)

If "Yes," state the place of your incarceration

Are you employed at the institution?

Yes No

Do you receive any payment from the institution?

Yes No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account
statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

2003, \$1,200 mth, Handyman Network, Vista, CA

3. In the past twelve months have you received any money from any of the following sources?:

a. Business, profession or other self-employment	Yes	<input checked="" type="checkbox"/> No
b. Rent payments, royalties interest or dividends	Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance	Yes	<input checked="" type="checkbox"/> No
d. Disability or workers compensation	Yes	<input checked="" type="checkbox"/> No
e. Social Security, disability or other welfare	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Gifts or inheritances	Yes	<input checked="" type="checkbox"/> No
g. Spousal or child support	Yes	<input checked="" type="checkbox"/> No
h. Any other sources	Yes	<input checked="" type="checkbox"/> No

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month.

SSI, \$750.00 per month

4. Do you have any checking account(s)? Yes ☒ No

a. Name(s) and address(es) of bank(s):

b. Present balance in account(s):

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? Yes ☒ No

a. Name(s) and address(es) of bank(s):

b. Present balance in account(s):

6. Do you own an automobile or other motor vehicle? ☒ Yes ☐ No

a. Make: Toyota Year: 1998 Model: Tacoma

b. Is it financed? ☒ No

c. If so, what is the amount owed?

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?
Yes ☐ No ☒

If "Yes" describe the property and state its value. _____

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]):

11. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

Supplemental Social Security Disability Income

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

DATE

9-3-8

Bruce Thomas

SIGNATURE OF APPLICANT